Name in Full: Betsy Boots

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parker Creek; County: Calvert

Date of death: Month: Dec; Day: 31; Year: 1904; Age: Years: 85; Months: ; Days:

Sex:

Color or Race: Colored

Birthplace:

Occupation: House work

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jerry Smith

Father's Birthplace: Calvert Co

Mother's Maiden Name: Gracy Smith

Mother's Birthplace: " "

Name of person giving Information: Jerry Boots

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long:

Immediate: & Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: I. M. Ruey MD

Address:

Jno T. Brooks

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emma Chase

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Huntingtown — County: Calvert

Date of death 1904 — Month: Dec — Day: 4 — Age — Years: 3 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Cal. Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: General Chase — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Annie Mackall — Mother's Birthplace: " "

Name of person giving In formation: Benj Mackall — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns on face & body — How long

Immediate: Shock — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Leitch

Address: Huntingtown Md.

Accident or Suicide? Accident

LIBRARY BUREAU A99816

Name in Full: William Clifton Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown — County: Calvert

Date of death	Month	Day	Years	Months	Days
1904	Dec.	15	Age 1	4	

Sex: Male — Color or Race: White — Birthplace: Cal. Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Samuel C Long — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Adele Grimson — Mother's Birthplace: " "

Name of person giving Information: J. C Cox — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 10 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Leitch

Address: Huntingtown. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A00816

Name in Full: Mollie Ennis

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Huntingtown (County) Calvert

Date of death 1904 (Month) Dec (Day) 17 Age (Years) 60 (Months) (Days)

Sex Female Color or Race Black Birthplace Cal. Co.

Occupation

Where Residing if not at place of death

Married, ~~Single~~ or Widowed

Name ~~of Wife or~~ Husband James Ennis

Father's Name Not Obtainable

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information Son

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cancer of Uterus

How long 18 Months

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Leitch.

Address Huntingtown Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66016

Name in Full: Hester Hood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chaney — County: Calvert

Date of death: Month: 1904 Dec. — Day: 13 — Years: Age 4 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Chaney

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Samuel Hood — Father's Birthplace: Calvert Co

Mother's Maiden Name: Charlotte Hicks — Mother's Birthplace: —

Name of person giving In formation: Thomas Kyles — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough, Consumption — How long: 2 mos.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. H. Chaney

Address: Chaney. Md.

Accident or Suicide: —

LIBRARY BUREAU A38616

Name in Full: Catherine Grey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chaneyville; County: Calvert

Date of death: Month: Dec; Day: 30; 1904

Age: Years: 73; Months: —; Days: —

Sex: Female

Color or Race: African

Birthplace: Calvert Co.

Occupation: ~~Housewife~~ Midwife

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: James Grey

Father's Birthplace: Calvert Co.

Mother's Maiden Name: Caroline Grey

Mother's Birthplace: " "

Name of person giving information: James Boardley

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valv. Disease of Heart — How long: 13 months

Immediate: Same — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hinman

Address: Lower Marlboro Md.

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Clarissa Jackson

CERTIFICATE OF DEATH

Died at: Town: Port Republic; County: Calvert County; MARYLAND

Date of death: Month: Dec; Day: 25; Year: 1904; Age: Years: 34; Months; Days

Sex

Color or Race: Colored

Birthplace: Calvert Co

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Samuel Jackson

Father's Birthplace: Cal Co

Mother's Maiden Name: Drusia Mosel

Mother's Birthplace: Cal Co

Name of person giving Information: Samuel Jackson

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowels.

How long: 3 Weeks.

Immediate: Rupture of Bowels.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J T Brooks

Address

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Jane Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Leonard's — County: Calvert

Date of death: Month: Dec — Day: 30 — 1904 Friday — Age: Years: 81 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Calvert Co

Occupation: House Keeping — Where Residing if not at place of death:

~~Married, Single~~ or Widowed: — Name of Wife or Husband:

Father's Name: Horsell Johnson — Father's Birthplace: Calvert

Mother's Maiden Name: Lurena Worsel — Mother's Birthplace: "

Name of person giving information: H M Johnson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile decay — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? John T. Brooks

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sarah Elizabeth Gray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Calvert

Date of death 1904 — Month: Dec — Day: 24th

Age — Years: 25 — Months: — Days:

Sex:

Color or Race: Colored

Birthplace: Calvert Co.

Occupation: House Work

Where Residing if not at place of death: Calvert Co

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Coleny Gray

Father's Birthplace: Calvert Co

Mother's Maiden Name: Sarah E Gray

Mother's Birthplace: Calvert Co

Name of person giving information: Colony Gray

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 3 days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. Brooks

Address: Mutual Md

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: Philip Railey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Solomons; County: Calvert

Date of death 1904: Month: Dec; Day: 7; Age: Years: 49; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: St Marys Co. Md.

Married, Single or Widowed: Married; Occupation: Oysterman

Name of Wife or Husband: Mary Dorsey Tarleton

Father's Name: James Railey; Father's Birthplace: St Marys Co. Md

Mother's Maiden Name: Sophia Cecil; Mother's Birthplace: St Marys Co. Md.

Name of person giving In formation: Charles L. Railey; How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs. How long: 2 years.

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr A. F. March

Address: Solomons, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A68810

Name in Full: Emily Jane Rice.

'20 CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Central; County: Calvert

Date of death 1920: Month: Dec; Day: 2.; Age: Years: 21; Months: 3; Days: 8

Sex: Female; Color or Race: Negro; Birthplace: Calvert Co.

Occupation: domestic; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Daniel Rice; Father's Birthplace: Calvert Co.

Mother's Maiden Name: Bettie Johnson; Mother's Birthplace: "

Name of person giving Information: Daniel Rice.; How related to deceased: Farther.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Lungs.; How long: 1 years.

Immediate: Insanity; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Brooks.

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Harriet Agnes Woodburn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Solomons; County: Calvert.

Date of death 1904: Month: Dec; Day: 16; Age: Years: 34; Months: 11; Days: 23

Sex: Female; Color or Race: White; Birthplace: Deal's Island, Md.

Married, Single or Widowed: Married; Occupation: —

Name of Wife or Husband: Benjamin M. Woodburn

Father's Name: Thomas P. Evans; Father's Birthplace: Deal's Island, Md.

Mother's Maiden Name: Sarah J. Thomas; Mother's Birthplace: York Co. Va.

Name of person giving information: Geo. Thomas Evans; How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 2 days

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. H. Marsh,

Address: Solomons, Md.

Accident or Suicide?

LIBRARY BUREAU A28516